	PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999														
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALI TYPE	_		OR	OTHER SMALL E	
FO	3	NUMBER FILED				NUMBER EXTRA			RATE	I	FEE		RATE	FEE	
BAS	IC FEE										345.00	OR		690.00	
TO	AL CLAIMS	minus 20=			0=	•			X\$ 9=			OR	X\$18=		
INDI	EPENDENT CLA	\ minus 3 =			3 = [X39=	1		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								ł	+130=	┪			+260=		
* 16 (* If the difference in column 1 is less than zero, enter "0" in column 2										4		OR		(9)
11				•		TOTAL	۱ -		OR	OTHER	THAN				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										SMAL	L E	NTITY	OR	SMALL	
AMENDMENT A	P	CI REM	AIMS MAININ FTER NDME	G		H PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	+	10	$\overline{}$	Minus	**	20	=		X\$ 9=	:		OR	X\$18=	
	Independent	•	- 4	! =	Minus	***	3	=		X39=		42	OR	X78=	-
V	FIRST PRESE	NTATI	ON O	F MU	ILTIPLE DEP	END	ENT CLAIM			+130=			OR	+260=	
											AL	43	OR	TOTAL	
		(Cc	lumn	1)		ıc	Column 2)	(Column 3)	•	ADDIT. FI	EE		,	ADDIT. FEE	
AMENDMENT B		RE	LAIMS MAININ AFTER NDME	NG.		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	•	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•			Minus	**		=		X\$ 9=	=		OR	X\$18=	
	Independent FIRST PRESE	*			Minus	**	•	=		X39=	:		OR	X78=	
F			+130=			OR	+260=								
BEST AVAILABLE COPY										TOT ADDIT. F			OR	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)															
AMENDMENT C		RE	LAIMS MAINII AFTER ENDME	NG I		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total				Minus	**		=		X\$ 9:	= · ¹		OR	X\$18=	
	Independent	·			Minus	••		=		X39=	=		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT									<u> </u>			1		
	If the entry in col-	ımp 1 i	e loce i	han f	he entry in colu	umn 2	2. write "0" in ⇔	olumn 3.		+130		<u> </u>	OR	+260=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."															
	The "Highest Nur	mber P	revious	sly Pa	id For (Total o	or Ind	ependent) is th	e highest numbe	r fo	und in the	а ар	propriate bo	ox in c	olumn 1.	

Application or Docket Number